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TO: U.S. Patent and Trademark Office
Examiner: Yehdega Retta
Art Unit: 3622

DATE: May 23, 2005

FROM: Dariush G. Adli

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:

Patent Application No.: 09/818,125; Our Ref. 81747.0191

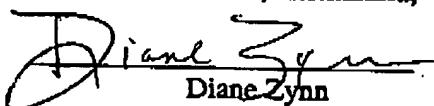
I hereby certify that the following documents:

- Amendment Transmittal Letter
- Amendment Under 37 C.F.R. § 1.116

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

May 23, 2005

Date of Deposit



Diane Zynn

Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 ART UNIT 3622

CLIENT NUMBER: 81747.0191

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: (571)272-6728 (return fax to Diane Zynn)

FORM PTO-1083

Patent Application No. 09/818,125
Attorney Docket No. 81747.0191

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masahiro MINOWA

Serial No: 09/818,125

Confirmation No.: 8629

Filed: March 26, 2001

For: METHOD, COMPUTER PRODUCT AND NETWORK
SYSTEM FOR RECEIVING AND PLACEMENT
PROCESSING OF ADVERTISING INFORMATIONArt Unit: 2626
Examiner: Mark E. Wallerson

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	23	**	LG=\$60 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						
LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180						
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						
\$260 FOR EACH ADDITIONAL 50 SHEETS						
Independent Claims: 1, 16, 23						
TOTAL \$ 0						

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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- Please charge the fee of \$ _____ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: 
Darlush G. Adli
Registration No. 51,386
Attorney for Applicant(s)

Date: May 23, 2005

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Appl. No. 09/818,125
 Amdt. Dated May 23, 2005
 Reply to Office Action of March 22, 2005

Attorney Docket No. 81747.0191
 Customer No. 26021

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In re application of:

Masahiro MINOWA

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Examiner: Yehdega Retta

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May 23, 2005
Date of Deposit
Diane Zynn
Name
<i>Diane Zynn</i>
Signature
05/23/05
Date

AMENDMENT UNDER 37 C.F.R. § 1.116

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 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated March 22, 2005, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.